

Arizona Department of Water Resources

Water Management Division P.O. Box 33589 Phoenix, Arizona 85067-3589 (602) 771-8500 • (602) 771-8690

www.azwater.gov

Notice of Intent to Drill and Abandon an Exploration / Specialty Well

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- Review instructions prior to completing form in black or blue ink.
- You must include with your Notice:
- \$150 check or money order for the filing fee. Only one Notice of Intent to Drill is required for all wells that are drilled by or for the same person to obtain geophysical, mineralogical or geotechnical data within a single section of land.
- Well construction diagram showing all proposed well construction features listed in Section 5 and the proposed abandonment specifications listed in Section 6.
- Authority for fee: A.R.S. § 45-113 and A.A.C. 12-15-104
 ** PLEASE PRINT CLEARLY **

AMA / INA		В	SB
RECEIVED	DATE	WS	
ISSUED	DATE	WQARF	CERCLA

FILE NUMBER
WELL REGISTRATION NUMBER 55 -

SECTION 1. REGISTRY INFORMATION											
Well Type	Location of										
CHECK ONE Mineral Exploration	WELL LOCATION	ON ADDRESS (IF	ANY)								
Geotechnical Heat Pump Cathodic Protection	TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE	Number of Wells (holes) per 10-acre location				
Grounding				1/4	1/4	1/4					
Other (please specify):	Use additional bo	xes to the right to l	ist 160,40,10	1/4	1/4	1/4					
, , , , , , , , , , , , , , , , , , , ,	acre descriptions			1/4	1/4	1/4					
		otechnical data on n a single section o		1/4	1/4	1/4					
COUNTY WHERE WELL(S) ARE LOCATED		ns are not required		1/4	1/4	1/4					
	mineralogical exp	loration wells).		1/4	1/4	1/4					

SECTION 2. OWNER INFOR	RMATION								
Well Owner		Landowner (if different from Well Owner)							
FULL NAME OF COMPANY, ORGANIZAT	TION, OR INDIVIDUAL	FULL NAME OF COMPANY, GOVERNMEN	NT AGENCY, OR INDIVIDUAL						
MAILING ADDRESS		MAILING ADDRESS							
CITY / STATE / ZIP CODE		CITY / STATE / ZIP CODE							
CONTACT PERSON NAME AND TITLE		CONTACT PERSON NAME AND TITLE							
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER	FAX						

SECTION 3. DRILLING AUT	HORIZATION		
Drilling Firm		Consultant (if applicable)	
NAME		CONSULTING FIRM	
DWR LICENSE NUMBER	ROC LICENSE CATEGORY	CONTACT PERSON NAME	
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER	FAX
		E-MAIL ADDRESS	

S	ECTION 4.			
Q	uestions	Yes	No	If Yes:
1.	Is the proposed well site within 100 feet of a septic tank system, sewer disposal area, landfill, hazardous materials or petroleum storage area or tank?			You must submit a letter requesting a variance from the 100-foot setback requirement (A.A.C. R12-15-818). However, if the proposed well is a geotechnical well that will be abandoned before the drill rig leaves the well site, a variance may be requested by simply checking the box below. I request a variance from the 100-foot setback requirement for a geotechnical well.
2.	If applicable, are you requesting a variance to use thermoplastic casing in lieu of steel in the surface seal?			The wells must be constructed in a vault as defined in A.A.C. R12-15-801(27).
3.	Is there another well name or identification number associated with this well? (e.g., Silver Well #1, CP-2, etc.)			PLEASE STATE

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WELL REGISTRATION NUMBER

55 -

Provide a well construction diagram showing all existing well construction features listed in Section 5 and the proposed abandonment specifications listed in Section 6. Please submit additional sheets (page 2) and additional well construction diagrams if multiple wells are to be drilled and construction or abandonment details vary.

SECTION 5. PROPOSED WELL CONSTRUCTION PLAN (attach additional page if needed)

DATE CONSTRUCTION TO BEGIN

Requ	uired Infor	matı	on *	*																				
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